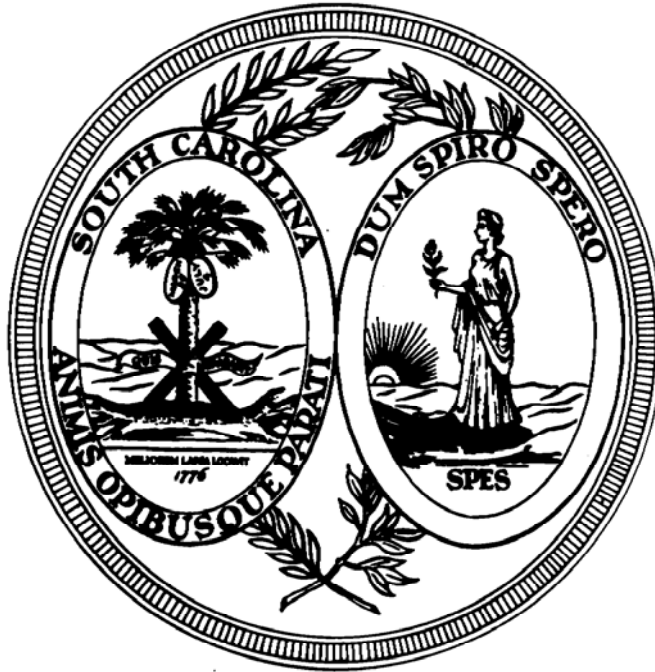




Regulation Number 61-90 Minimum Standards for Licensing Chiropractic Facilities



**Approved by the Board of Health and Environmental Control
On September 24, 1981**

Administered by the Division of Health Licensing

Including Changes

Approved by the General Assembly on April 27, 1984

This is a courtesy copy of Regulation R61-90

The official document is on record in the *State Register* and the S.C. Code Ann. (2002). This regulation is provided by DHEC for the convenience of the public. Every effort has been made to ensure its accuracy; however, it is not the official text. DHEC reserves the right to withdraw or correct this text if deviations from the official text as published in the *State Register* are found.

**This copy was updated to correct or note typographical errors between the
State Register and the contents of this regulation on December 5, 2003.**



DIVISION OF HEALTH LICENSING REGULATIONS

Provider-Wide Exceptions


In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients, residents, and participants cared for in South Carolina licensed facilities, it has been determined that alternative standards will be considered as acceptable. A Provider-Wide Exception (PWE) is the tool that is used to achieve a working relationship between the facility and their regulators. This section may also contain Position Statements that give guidance or interpretations of the regulation.

Note: Some Provider-Wide Exceptions pre-date the publishing dates of specific Regulations established by the *State Register* and may no longer be in effect. In these instances, if there is a conflict between a PWE that pre-dates the publishing date of the regulation, the standard in the regulation shall supercede the PWE.

January 24, 1997

MEMORANDUM

TO: Administrators of Licensed Health Care Facilities

FROM: 
Alan Samuels, Director
Division of Health Licensing

SUBJECT: Provider-Wide Exception

Various regulations published by this Division address distances from entrance doors to private/semi-private rooms along the line of travel to the nearest exit. These distances vary based upon whether a building is sprinklered. A table within the Standard Building Code indicates the distances which are appropriate for various types of facilities.

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health, safety, and welfare of patients cared for by licensed health care facilities, it has been determined that the distances indicated in the Standard Building Code may be utilized as alternate standards and will be considered acceptable.

This standard will be required in the planning/construction phase of the initial licensing procedure.


AS:GM

cc: Division of Health Facilities Construction
Alice Truluck, Customer Service Liaison

January 24, 1997

MEMORANDUM

To: All Licensed Facilities

From: 
Alan Samuels, Director
Division of Health Licensing

Subject: Disaster Shelter

In the event that you provide temporary shelter for evacuees who have been displaced due to a disaster, then for the time of that emergency, it is permissible to temporarily exceed the licensed capacity for your facility in order to accommodate these individuals.

The details of these contingency arrangements should be addressed in your emergency/disaster plan, to include the maximum number of individuals that could be safely and comfortably housed above the licensed capacity of the facility on a temporary basis.

Also, in those instances where evacuees have been relocated to your facility, the Division of Health Licensing must be notified not later than the following work day of those evacuees received.

Should you have any questions, please call us at 803-737-7202.

AS/JML/db



2600 Bull Street
Columbia, SC 29201-1708

October 27, 1998

MEMORANDUM

TO: Administrators, Facilities/Activities Licensed by the Department

FROM: Jerry L. Paul, Director 
Health Licensing Section

SUBJECT: Conditions that will allow a Provider-Wide Partial Exception to the Requirements of Regulations 61-84 and 90, and Clarification of Requirements of Regulations 61-13, 16, 17, 75, 77, 78, 91, 93, 97, 102, and 103

Standards outlined in Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 204.B; and Regulation 61-90, Standards for Licensing Chiropractic Facilities, Section 204, require that physical examinations for employees prior to employment be conducted by a physician. This standard has been routinely surveyed during licensing inspections for indications that the physicals have been accomplished and by a physician.

Standards outlined in Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B(4)(b); Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 204.B; Regulation 61-17, Standards for Licensing Nursing Homes, Section B(4)(b); Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section C.5.g; Regulation 61-77, Standards for Licensing Home Health Agencies, Section 301.E; Regulation 61-78, Standards for Licensing Hospices, Section 301.B; Regulation 61-91, Minimum Standards for Licensing Ambulatory Surgical Facilities, Section 305; Regulation 61-93, Standards for Licensing Outpatient Facilities for Chemically Dependent or Addicted Persons, Section 204.B; Regulation 61-97, Standards for Licensing Renal Dialysis Facilities, Section 305; Regulation 61-102, Standards for Licensing Birthing Centers for Deliveries by Midwives, Section C.5.a; and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section C(5)(a), require that physical examinations for employees be conducted prior to employment. These standards, however, do not address who will conduct the physical.

In the interest of establishing reasonable standards which do not compromise the health, safety, and well-being of clients/participants/patients/residents receiving care/treatment in the above facilities/activities, it has been determined that an alternative standard will be allowed.

All facilities/activities referred to above must meet either the standards outlined in their respective licensing standards, **OR**, as an alternative:

In order to insure that a new employee is medically capable of performing his/her job duties, a health assessment, to include required tuberculin skin testing, shall be conducted prior to direct client/participant/patient/resident contact by one of the following:

- 1) Medical Doctor or Doctor of Osteopathy;
- 2) Physician's Assistant;
- 3) Nurse Practitioner;
- 4) Registered Nurse, pursuant to standing orders approved by a physician as evidenced by the physician's signature. The standing orders must be reviewed annually, with a copy maintained at the facility/activity.

This exception does not change any other standards not specifically addressed in this memorandum. The standards in the above-referenced sections of the appropriate regulations will be enforced during licensing inspections, as required either by the applicable regulation or this provider-wide exception. This exception applies to any of the above facilities/activities licensed by this Department, and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in its revocation by the Department.

Should you have any questions, please call (803) 737-7370.

JLP:GM:

cc:	Alice Truluck, SCDHEC	SC Health Care Association
	Karen Price, Bureau of Certification	SC Home Care Association
	SC Adult Day Services Association	SC Hospital Association
	SC Assoc for Res Care Homes	Hospice for the Carolinas
	SC Board of Nursing	Renal Dialysis Advisory Council
	SCDAODAS	Residential Care Committee
	SC Freestanding Amb Surg Ctr Assoc	SCDDSN
	SCDMH	SCDSS



December 7, 1998

MEMORANDUM

TO: Administrators of Hospitals, Nursing Homes, Chiropractic Facilities, Community Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Residential Treatment Facilities for Children and Adolescents, Ambulatory Surgical Facilities, Day Care Facilities for Adults, Outpatient Facilities for Chemically Dependent or Addicted Persons, and Renal Dialysis Facilities

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Notification of Temporary Facility Closure and Zero Census

If a facility temporarily closes for any reason, e.g., major painting of the facility interior, storm damage, etc., the Department must be given written notice within a reasonable time in advance of closure. This notification must at least include the reason for the temporary closure, where the residents/patients/clients/participants have been/will be transferred, the manner in which the records are being stored, and the anticipated date for re-opening. This office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to its re-opening, as authorized by the regulation governing the licensing and inspection of the facility.

In addition, in instances when there have been no residents/patients/clients/participants in a facility for a period of 90 days or more for any reason, e.g., unable to secure new admissions, experiencing financial difficulties, etc., the facility must notify the Department in writing that there have been no admission, no later than the 100th calendar day following the date of departure of the last active resident/patient/client/participant. At the time of that notification, this office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to any new and/or re-admissions to the facility, as authorized by the regulation governing the licensing and inspection of the facility.

The above-referenced notices shall be sent to the Health Licensing Section, DHEC, 2600 Bull St. Columbia, SC 29201. A notice may be faxed to 803-737-7212. If there are questions, please call 803-737-7370.

JLP/JML/gm

cc: Certification Branch
Office of Fire and Life Safety
Office of Certification of Need



2600 Bull Street
Columbia, SC 29201-1708

April 19, 1999

MEMORANDUM

TO: Administrators of Ambulatory Surgical Facilities, Chiropractic Facilities, Community Residential Care Facilities, Hospitals and Institutional General Infirmaries, and Residential Treatment Facilities for Children and Adolescents

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-91, Ambulatory Surgical Facilities, Section 2501.B; Regulation 61-90, Chiropractic Facilities, Section 1801.B; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 2401.B; Regulation 61-16, Hospitals and Institutional General Infirmaries, Section 2501.B; Regulation 61-103, Residential Treatment Facilities for Children and Adolescents, Section P(1)(b)

NOTE: This exception replaces a similar exception for community residential care facilities issued by the Department on July 17, 1998.

Regulation 61-91, Section 2501.B, requires that, "Exits shall be placed so that the entrance door of every room and every point in surgical suites, recovery rooms, lounges, dining rooms, etc., shall be not more than 100 feet along the line of travel from the nearest exit. In buildings equipped with automatic sprinklers this distance shall be not more than 150 feet." Regulation 61-90, Section 1801.B and Regulation 61-16, Section 2501.B require that "Exits shall be place so that the entrance door of every private room and sem-private room, and every point in open wards, day rooms, dormitories, dining rooms, et cetera, shall not be more than 100 feet along the line of travel from the nearest exit. In building equipped with automatic sprinklers this distance shall not be more than 150 feet." Regulation 61-84, Section 2401.B requires that "Exits shall be place so that the entrance door of every private room and semiprivate room and every pont shall be not more than 100 feet along the line of travel to the nearest exit." Regulation 61-103, Section P (1)(b) requires that "Exits shall be placed so that the entrance door of every private room and semi-private room shall be not more than 100 feet along the line of travel to the nearest exit."

Page 2
PWE - Exits
April 14, 1999

Having reviewed the most recent Standard Building Code requirements for travel distances for the occupancy categories in the above facilities, it has been determined that the distances indicated in each respective regulation may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All ambulatory surgical facilities, chiropractic facilities, community residential care facilities, hospitals and institutional general infirmaries, and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each facility's respective licensing standard, i.e., R61-91, Section 2501.B, R61-90, Section 1801.B, R61-84, Section 2401.B, R61-16, Section 2501.B; or R61-103, Section P (1)(b), or, as an alternative:

Exits shall be so located that the travel distance to the most remote point in a floor area, room or space to the nearest exit, along the line of travel, shall be no more than the travel distance specified by occupancy type as defined in the Standard Building Code.

NOTE: In facilities that are surveyed for federal reimbursement by the Health Care Finance Administration (HCFA), the maximum travel distance shall be the shortest of the requirements of the Standard Building Code and the Life Safety Code (National Fire Protection Association 101).

These exceptions apply to any ambulatory surgical facility, chiropractic facility, community residential care facility, hospital or institutional general infirmary, or residential treatment facility for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Mr. William Lafferty at (803) 737-7663.

JPL/JML

cc: Alice Truluck
Bill Trawick, SCANPHA
Sandra Lynn, SCARCH
Ken Schull, SCHA
Ann Geier, FASC
William Lafferty



June 2, 1999

MEMORANDUM

TO: Administrators of Chiropractic Facilities, Community Residential Care Facilities, Habilitation Centers For The Mentally Retarded, Nursing Homes, and Residential Treatment Facilities for Children and Adolescents

FROM: Jerry L. Paul, Director *Jerry L. Paul*
Health Licensing Section

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-90, Chiropractic Facilities, Section 906.C; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1006.B.3.a; Regulation 61-13, Habilitation Centers For The Mentally Retarded, Section N(2)(b)(1)(a); Regulation 61-17, Standards For Licensing Nursing Homes, Section K(6)(f)(2)(a); Regulation 61-103, Residential Treatment Facilities for Children and Adolescents, Section I(1)(c)(1)(a)

Regulation 61-90, Section 2501.B, requires that, "Food shall be maintained at safe temperatures (cold foods 45 degrees F. or below, hot foods 140 degrees F. or above)." Regulations 61-84, 61-13, 61-17, and 61-103 require that "all potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 130 degrees Fahrenheit or above)."

Chapter II, Section B.1 of the DHEC Regulation 61-25, Retail Food Establishments, requires that "The temperature of potentially hazardous food shall be 45 degrees F. (7.2 degrees C.) or below, or **130 degrees F.** (54 degrees C.) or above, at all times except as otherwise provided in this regulation." It has been determined that the 140 degrees F. high range temperature for unsafe food storage indicated in the afore-mentioned regulations may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All chiropractic facilities, community residential care facilities, habilitation centers for the mentally retarded, nursing homes, and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each facility's respective

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PWE - Unsafe food temperature

June 2, 1999

licensing standard, i.e., R61-90, Section 906.C, R61-84, Section 1006.B.3.a, R61-13, Section N(2)(b)(1)(a), R61-17, Section K(6)(f)(2)(a); or R61-103, Section I(1)(c)(1)(a), **or, as an alternative:**

For chiropractic facilities, "Food shall be maintained at safe temperatures (cold foods 45 degrees F. or below, hot foods 130 degrees F. or above)." For the other facilities identified, "All potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 130 degrees Fahrenheit or above)."

These exceptions apply to any chiropractic facility, community residential care facility, habilitation center for the mentally retarded, nursing home, or residential treatment facility for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Gene Chestnut at (803) 737-7220.

JPL/JML

cc: Alice Truluck
Bill Trawick, SCANPHA
Sandra Lynn, SCARCH
J. Randall Lee, SCHCA
Louetta Slice, SCNHA
Brad Beasley, SCDDSN
Karen Price, Certification Branch

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MINIMUM STANDARDS FOR LICENSING

CHIROPRACTIC FACILITIES

Purpose: The Department of Health and Environmental Control adopts the following minimum standards to provide for:

1. The spinal analysis and adjustment of individuals in chiropractic facilities,
2. The construction, maintenance and operation of chiropractic facilities.

PART I

CHAPTER 1 -DEFINITIONS AND INTERPRETATIONS

Section 101. Definitions: For the purpose of these Standards, the following definitions shall apply:

A. Chiropractic Facilities - Institutions with organized chiropractic staffs, with permanent facilities that include inpatient beds; chiropractic services to provide vertebral subluxation, analysis and adjustment for patients. A chiropractic facility is expressly prohibited from using the term "hospital."

B. Governing Authority - The individual, agency, group or corporation appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the operation of the chiropractic facility is vested.

Section 102. Interpretations:

A. Licensure Required - No person shall establish, conduct or maintain a chiropractic facility in this State without a license issued in accordance with the provisions of these standards.

B. Use of the term Chiropractic Facility prohibited - It shall be unlawful for any person, or institution, to use or advertise to the public in any way or by any medium whatsoever, their facility as a "chiropractic facility" unless such facility shall have first secured a license under the provisions of these standards.

C. Licensure Procedure -

1. License:

A license is issued pursuant to the provisions of Section 44-7-300 through 44-7-460 **[See Note]** of the Code of Laws of South Carolina of 1976, as amended, and the Licensing Standards promulgated thereunder and shall be posted in a conspicuous place in a public lobby or waiting room. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any occupant of the chiropractic facility. A license is not assignable or transferable and is subject to revocation at any time by the Department for failure to comply with the Laws of the State of South Carolina. No license shall be issued until the chiropractic facility is in substantial compliance with the licensing standards.

[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-130 through 44-7-260]

2. Effective Date and Term of License:

A license shall be effective for a 12-month period following the date of issue and shall expire one year following such date; however, a chiropractic facility which has not been inspected during that year may continue to operate under its existing license until an inspection is made.

3. Inspections:

All chiropractic facilities shall be subject to inspection at any time without prior notice by properly identified personnel of the Department.

4. Initial License:

A new facility, or one that has not been continuously licensed under these or prior Standards, shall not admit patients until it has been issued an initial license. This initial license shall be termed a "Provisional License" and shall expire 90 days from date of issue or until re-surveyed for licensure.

To determine that the facility is functioning in compliance with these Standards, the Department shall reinspect the facility prior to expiration of the provisional license. Substantial compliance with these Standards under actual operating conditions shall be verified by the Department prior to issue of a license which shall expire one year from the date of issue of the provisional license. (See Appendix A. Prerequisites for Initial Licensure.)

5. Noncompliance:

When noncompliances with the Licensing Standards are detected by means of inspections, the licensee will be notified of the violation and at the same time requested to provide information as to when such items will be corrected. If an item of noncompliance is of a serious nature and is not promptly corrected, a penalty may be invoked or a license may be denied, suspended or revoked.

6. Penalties:

Health Care Facilities shall be subject to a penalty for violating Franchising or Licensing Regulations. (Section 44-7-360 through 44-7-370 ***[See Note]*** of the South Carolina Code of Laws of 1976, as amended by Act 620 of 1976.) When upon inspection or investigation the Department determines that a facility is in violation of any statutory provision, rule or regulation relating to the operation or maintenance of such facility, except with respect to violations determined to have only a minimal relationship to health or safety, the following action shall be taken:

[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-320]

a. Class I violations are those which the Department determines present an imminent danger to the patients or residents of the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition, one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I

violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. A Class I violation is subject to a civil penalty in an amount not less than one hundred dollars (\$100.00) and not exceeding five hundred dollars (\$500.00) for each violation. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

b. Class II violations are those which the Department determines have a direct or immediate relationship to the health, safety or security of the facility's patients or residents other than Class I violations.

A Class II violation is subject to a civil penalty in an amount not less than fifty dollars (\$50.00) and not exceeding two hundred fifty dollars (\$250.00) for each violation. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation. Recurrence of a Class II violation in any 14-month period will be considered a Class I violation, and the facility will be subject to the same civil penalty as for a Class I violation.

c. Class III violations are those which are not classified as serious in these regulations or those which are against the best practices as interpreted by this Department. Recurrence of a Class III violation in any 14-month period will be considered a Class II violation, and the facility will be subject to the same civil penalty as for a Class II violation. Violations of Section 44-7-360 and 44-7-370 **[See Note]** of the South Carolina Code of Laws of 1976 and specifically Section 1 (2) of Act 620 of 1976, stated below, are considered Class I violations and are subject to the same penalties as stated thereon:

[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-320]

Section 1. (2) permitting, aiding or abetting the commission of any unlawful act relating to the securing of a certificate of need or the operation of a chiropractic facility as defined in this article.

CLASS I VIOLATIONS (PENALTY RANGE - \$100-\$500)

<u>Section</u>	<u>Violation</u>
207	Emergency Call Data
610	Fire Safety and Disaster Preparedness
701	Maximum Number of Beds
801	Admission/Adjustment Records
801.5	Orders for Services, Adjustments
1410	Carpeting
1504	Flammable Liquids
1701	Fire Extinguishers, Standpipes, Automatic Sprinklers
1702	Alarms
1703	Detection System
1801	Exits - Numbers and Locations
1806	Smoke Barriers
1901.2	Disinfection of Water Lines
1903.6	Equipment Installation in Special Areas

CLASS II VIOLATIONS (PENALTY RANGE \$50-\$250)

<u>Section</u>	<u>Violation</u>
204	Employees
206.2	Accident/Incident Report
307	Isolation
309	Supervision of Patient Care
403	Storage - Linens
404	Clean Linen
405	Soiled Linen
501.1	Housekeeping - General
501.2	Disinfection and Room Cleaning
502.1	Refuse - Storage and Disposal
502.3	Contaminated Dressings
607	Corridor Obstructions
608	Exit Sign Illumination
704	Patient Cubicles
901	Food Service - Approval
1403	Vertical Openings
1404	Wall and Partition Openings
1405	Ceiling Openings
1406	Fire Walls
1407	Storage Areas
1501	Furnaces and Boilers
1502	Dampers
1503	Gases
1601	Screens
1802.1	Corridor Width
1803.1	Door Width
1803.4	Door Locks
1805	Ramps
1901.5	Cross Connections - Plumbing
1903.1	Electrical Requirements - Installations
1903.2	Switchboards and Power Panels
1903.3	Panelboards
1903.4	Lighting
1903.7	Signal System
1903.8	Exit Signs
1903.9	Emergency Electric Service
2001.3	Patient Room - Window Area

7.Application:

Applicants for a license shall file application under oath annually with the Department. An application shall be signed by the owner, if an individual or partnership, or in case of a corporation by two of its officers. The application shall set forth the full name and address of the chiropractic facility for which the license is sought and of the owner in case his address is different from that of the chiropractic facility, the names of persons in control thereof and such additional information as the

Department may require, including affirmative evidence of ability to comply with reasonable standards, rules and regulations, as may be lawfully prescribed. No proposed facility shall be named nor may an existing chiropractic facility have its name changed to the same or similar name as a facility licensed in the State. All names shall be approved by the Department.

8.Licensing Fees:

In accordance with the provisions of Section 44-7-330 **[See Note]**, South Carolina Code of Laws of 1976, as amended, each applicant shall pay an annual license fee prior to such issuance of such license. The annual fee shall be fifty dollars for the first ten beds and twenty-five cents for each additional bed.

[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-270]

9.Change of License:

A facility shall request issue of an amended license, by letter to the Department, prior to any of the following circumstances:

1.Change of ownership by purchase or lease.

2.Change of facility's name.

3.Addition or replacement of beds (compliance with Appendix A and an inspection are required prior to issuance of license).

4.Deletion of beds.

5.Reallocation of types of beds as shown on license.

D. Emergency Chiropractic Services:

Each chiropractic facility shall have a written procedure and shall arrange for one or more chiropractors, duly licensed under South Carolina Statutes to be called in an emergency. Service must be available twenty-four (24) hours a day and chiropractic staff coverage must be adequate to insure that persons needing treatment will be seen within a reasonable length of time relative to the illness or injury that exists.

CHAPTER 2 - ADMINISTRATIVE MANAGEMENT

Section 201. General:

Each chiropractic facility shall be organized, equipped, manned and administered so as to furnish adequate care for each patient.

Section 202. Control:

The governing board, or the owner, or the person or persons designated by the owner as the governing authority shall be responsible for the management and control of the chiropractic facility and appointment of the chiropractic staff. It shall have a written set of bylaws, rules and regulations for operation of the facility formulated by the governing authority. The chiropractic staff shall be responsible for the chiropractic care rendered in the chiropractic facility.

Section 203. Administrator:

The administrative officer shall be selected by the governing body or owner and shall have charge of and be responsible for the administration of the chiropractic facility in all its branches and department and shall assure compliance with the bylaws, rules, regulations and amendments.

Section 204. Employees:

Personnel shall be employed to carry out the functions of the chiropractic facility. The licensee shall obtain accurate information as to age, education, training, experience, health and personal background of each employee. All applications for licensed personnel shall contain the South Carolina license number and/or current renewal number, if applicable. All employees shall have a physical examination, including a chest x-ray or tuberculin skin test, prior to employment. These examinations must be performed by a medical doctor.

Section 205. Voluntary Workers:

All voluntary workers who handle food or provide patient care shall have a physical examination including a chest x-ray or tuberculin skin test prior to rendering service. These examinations must be performed by a medical doctor.

Section 206. Reports:

206.1 Fire Report:

A complete written and signed report shall be prepared and promptly submitted to the Department of every fire regardless of size or damage that occurs in the facility.

206.2 Accident and/or Incident Report:

A record of each accident and/or incident occurring in the facility shall be retained. Incidents resulting in death or serious injury, e.g., broken limb, shall be reported, in writing, to the Division of Health Licensing within ten days of the occurrence.

Section 207. Emergency Call Data:

The licensee shall be responsible to see that emergency call information is posted in a conspicuous place so as to be immediately available to all personnel of the chiropractic facility. Emergency call data shall include at least the following information:

- A. Telephone number of Fire and Police Departments.

B. Name, address and telephone number of all personnel to be called in case of fire or emergency.

C. Name, address and telephone number of chiropractor on call.

D. Name, address and telephone number of supervisory personnel, and whereabouts when on call.

Section 208. Health of Employees:

Employees shall be free of any communicable disease which would present the hazard of transmission to patients or other employees. If any employee is found to have or suspected of having such disease, he will be removed from his duties until a statement is received from a medical doctor that such risk no longer exists. If there is any reason to suspect that any employee or voluntary worker has contracted any disease in a communicable form or has become a carrier of such disease, the administrator shall notify the health authority immediately.

CHAPTER 3 - PATIENT MANAGEMENT

Section 301. Chiropractic Facility Staff:

Each chiropractic facility shall have a staff organized under written bylaws, rules and regulations approved by the governing authority and responsible to the governing authority of the chiropractic facility for the quality of all care provided to patients in the chiropractic facility and for the ethical and professional practices of its members.

Section 302. Appointments:

In a chiropractic facility used by two or more chiropractors, a chiropractic staff shall be appointed by the governing authority in accordance with the facility's bylaws, rules and regulations. This organized group shall, with approval of the chiropractic facility's governing body, adopt bylaws, rules and regulations to govern its operation as an organized chiropractic staff. Chiropractic facility bylaws shall contain renewal procedures as well as authority to limit or terminate staff privileges during the year and appeal procedures.

Section 303. Qualification:

To be eligible for membership on a staff, an applicant must be licensed to practice in his profession in the State of South Carolina; competent in his respective field, worthy in character and in matters of professional ethics; and meet the requirements of the chiropractic facility's bylaws.

Section 304. Meetings:

The staff should meet at least once a month or more often to review and analyze their clinical experiences in the chiropractic facility. Written minutes of such meetings shall be recorded and filed.

Section 305. Dietary Department:

The chiropractic facility shall provide dietary services and a person designated by the administrator to be responsible for the total food service.

Section 306. Chiropractic Supply Department/Services:

All chiropractic facilities shall maintain facilities for processing, sterilizing, storing and dispensing supplies and equipment.

Section 307. Isolation:

The chiropractic facility shall provide written procedures for handling contagious diseases. When a patient is suspected of having a contagious disease, he/she will be transferred to a facility capable of providing needed services. In a case of emergency and/or until a transfer can be accomplished, the patient is to be properly isolated to prevent cross infection and the health authority shall be notified immediately.

Section 308. Responsibilities:

The chiropractic staff shall supervise and direct the licensed intern and resident chiropractors in the analysis and adjustment of all patients' subluxations and in the performance of any other professional duties, in compliance with such rules for professional services of interns and resident chiropractors as the chiropractic staff prescribes and certifies to the governing body and administrator.

Section 309. Supervision of Patient Care:

All persons admitted to any chiropractic facility must be under the care of a chiropractor. Patient care policies shall be developed by the patient care policy committee consisting of the administrator or licensee, chiropractor and a dietitian, to govern patient care and other services provided. These policies shall be reviewed at least annually and cover at least the following: admission, dietary services, and chiropractic services. Minutes of meetings of patient care policy committee, relating to policies, procedures and evaluations of the facility must be retained.

Section 310. Chiropractic Assistants:

There shall be sufficient chiropractic assistants in the chiropractic facility at all times to provide care for patients and to maintain the supplementary services required.

CHAPTER 4 - LAUNDRY AND LINEN

Section 401. Laundry:

The chiropractic facility will assure that the laundry which provides services exercises every precaution to render all linen safe for reuse.

Section 402. Operated by Chiropractic Facility:

Chiropractic facilities operating laundries within the buildings accommodating patients shall provide proper insulation to prevent transmission of noises to patient areas. The laundry shall be well ventilated and the general air movement shall be from the clean areas to the contaminated areas.

Section 403. Storage:

A clean linen storage room and a soiled linen storage room shall be provided. These storage rooms shall be used solely for their intended purposes. The soiled linen storage room shall be provided with mechanical ventilation to the outside.

Section 404. Clean Linen:

- A. A supply of clean, sanitary linen shall be available at all times.
- B. Proper storage facilities shall be provided for keeping clean linen in sanitary condition prior to use.
- C. Clean linen shall be transported in closed containers used only for transporting clean linen.

Section 405. Soiled Linen:

- A. Soiled linen shall be kept in closed or covered containers while being collected, transported or stored and shall be stored separately from clean linen and patient areas. These containers shall be cleaned and disinfected frequently.
- B. All linen from patients with infectious or communicable diseases shall be placed in durable bags identified "contaminated" and transported in these durable bags to the soiled linen holding area or laundry.
- C. Soiled linen shall be neither sorted nor rinsed in patient rooms.
- D. No laundry operations shall be carried out in patient rooms or where food is prepared, served or stored.
- E. Soiled linen room floors shall be cleaned daily. The entire room, including ceilings and walls shall be cleaned and disinfected at least weekly or more often as necessary to control odors and bacteria.
- F. If linen chutes are used, the linen shall be enclosed in bags before placing in chute. Chutes shall be cleaned regularly.
- G. Personnel shall wash their hands thoroughly after handling soiled linen.

CHAPTER 5 - HOUSEKEEPING AND REFUSE DISPOSAL

Section 501. Housekeeping:

501.1 General:

A facility shall be kept neat and clean. Accumulated waste material must be removed daily or more often if necessary. There must be frequent cleaning of floors, walls, ceilings, woodwork and windows. There must be a rodent and insect control program for the facility and premises. Bath and

toilet facilities must be maintained in a clean and sanitary condition at all times. Dry dusting and dry sweeping are prohibited.

501.2 Disinfection and Room Cleaning:

Upon discharge or transfer of a patient, all bedside equipment shall be cleansed and disinfected. Mattresses and pillows shall be in good condition. Beds shall be made with fresh linens as often as necessary to maintain them in a clean and sanitary condition for each patient.

501.3 Employee Locker Rooms:

Employee locker rooms shall be kept in a neat, clean and sanitary condition.

501.4 Janitor Closets:

Janitor closets, floors, walls, sinks, mops, mop buckets and all equipment shall be cleaned daily or more often as needed. A responsible employee or employees shall make frequent inspections to assure compliance.

Section 502. Refuse Disposal:

502.1 Storage and Disposal:

All garbage and refuse shall be deposited in water-tight containers. These containers shall be covered and stored to prevent the entrance of flies and the creation of a nuisance. Rubbish and garbage shall be disposed of periodically and in accordance with local requirements.

502.2 Refuse Containers:

Garbage and trash containers shall be thoroughly cleaned.

502.3 Contaminated Dressings:

All contaminated dressings shall be disposed of in a manner acceptable to the Department.

502.4 Outside Areas:

All outside areas, grounds and/or adjacent buildings on the premises shall be kept neat and clean.

CHAPTER 6 - FIRE PREVENTION AND PROTECTION

Section 601. Arrangements for Fire Department Protection:

A chiropractic facility located outside of a service area or range of a public fire department shall make arrangements to have the nearest fire department respond in the case of fire. A copy of the agreement will be kept on file in the chiropractic facility and a copy will be forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department.

Section 602. Tests and Inspections:

602.1 Fire Protection:

A. The licensee is responsible for assuring that all standpipes, hoses, sprinkler systems and other fire fighting equipment are inspected and tested at least once each year and more often if necessary to maintain them in serviceable condition. Fire extinguishers shall be kept in condition for instant use and the date of the last inspection shall be included on each fire extinguisher. Records of other inspections shall be kept on file.

B. Fire alarm systems shall be tested at least monthly and records kept on file.

602.2 Electrical Inspection:

The licensee is responsible for assuring that all electrical installations and equipment are maintained in a safe operable condition.

602.3 Heating, Ventilating and Air Conditioning Systems and Equipment:

The licensee is responsible for assuring that all heating, ventilating and air conditioning equipment is maintained in a safe operable condition.

Section 603. Smoking:

Smoking shall be restricted to designated areas.

Section 604. Storage:

All storage space shall be kept clean, orderly and free of trash, papers, old cloths and empty boxes. Any area exceeding 100 square feet shall not be used for storage unless it meets the requirements of Section 2107 of these Standards. Combustible materials such as mattresses, bedding and furniture shall be stored only in areas that meet the requirements of Section 2107. In areas provided with a sprinkler system, a minimum vertical distance of 18 inches shall be maintained between the top of stored items and the sprinkler heads.

Section 605. Hoods, Vents, Ducts:

Hoods, vents, ducts and removable filters installed over stoves, ranges, et cetera, shall be maintained clean and free of grease accumulations.

Section 606. Mattresses and Pillows:

When purchasing new mattresses and pillows, only those providing the maximum resistance to fire, smoke development and toxicity should be considered. These items present an unusual and severe fire hazard to the facility and extreme caution must be exercised in their selection.

Section 607. Corridor Obstructions:

Halls, corridors and all other means of egress from the building shall be maintained free of obstructions.

Section 608. Exit Sign Illumination:

Exit signs shall be illuminated at all times.

Section 609. Hallway and Stairway Illumination:

Hallways, stairs and other means of egress shall be lighted at all times with at least one foot candle at floor level.

Section 610. Plans and Training for Fires and Other Internal Emergencies:

A. Plans:

Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire and other emergencies. All employees shall be made familiar with these plans and instructed as to required actions.

B. Fire Protection Training:

Each employee shall receive instructions covering:

- 1.the fire plan,
- 2.the fire evacuation plan, routes and procedures,
- 3.how to report a fire,
- 4.how to use the fire alarm system,
- 5.the location and use of fire-fighting equipment,
- 6.methods of fire containment,
- 7.specific responsibilities of all personnel, and
- 8.specific responsibilities of the individual.

C. Fire Drills:

A fire drill shall be conducted for each shift at least once every three months, i.e., each employee should participate in a fire drill at least once in any three-month period. Records of drills shall be maintained to report the date, time, shift and names of individuals participating, as well as a description and evaluation of the drill.

D. Drills shall be designed and conducted to:

1. assure that all personnel are capable of performing assigned tasks or duties,
2. assure that all personnel know the location, use and how to operate fire-fighting equipment,
3. assure that all personnel are thoroughly familiar with the fire plan, and
4. evaluate the effectiveness of plans and personnel.

CHAPTER 7 - ACCOMMODATIONS FOR PATIENTS

Section 701. Maximum Number of Beds:

No chiropractic facility shall have in use or set up more beds than the number stated on the face of the license.

Section 702. Location of Beds:

Beds shall not be placed in corridors, solaria or other locations not designed as patient room areas.

Section 703. Room Equipment:

In addition to a bed with casters, each patient unit shall be provided with at least one chair; either a dresser or a compartmented bedside table to accommodate the patient's personal possessions; a closet or wall locker for hanging clothes; a reading light; and mattress with moisture proof cover. All room equipment must be maintained in a working condition.

Section 704. Patient Cubicles:

All semi-private and multi-bed rooms shall be equipped with cubicle curtains with built-in curtain tracks to completely shield each patient as needed.

CHAPTER 8 - GENERAL STANDARDS FOR SERVICES

Section 801. Admission/Adjustment Records:

The chiropractic facility shall have a records department with administrative responsibility for records. A current and complete chiropractic record shall be maintained for every patient.

801.1 Chiropractor's Responsibility:

It shall be the responsibility of each chiropractor to complete and sign the adjustment record within a period consistent with good chiropractic practice.

801.2 Organization:

The responsibility for supervision, filing and indexing of chiropractic records shall be delegated to a responsible employee of the chiropractic facility.

801.3 Ownership:

Records of patients are the property of the chiropractic facility and must not be taken from the facility except by court order.

801.4 Contents:

Adequate and complete admission/adjustment records shall be written for all patients admitted to the chiropractic facility. All notes shall be legibly written or typed and signed. A minimum record shall include the following information: name and address of person or agency responsible for the patient; identification data (name, address, age, sex, marital status, social security number); date of admission; date of discharge; attending chiropractor's name, history and physical examination; spinal examinations, if any, such as consultations; x-rays, and other special spinal examinations; provisional or working spinal analysis; adjustments and number of times performed; statement of analysis and adjustment deemed necessary; religion; county of birth; father's name; mother's maiden name; husband's or wife's name, dates of military service; health insurance number; case number; days of care; name, address and telephone number of persons to be notified in the event of emergency; name and address of chiropractor; name, address and telephone number of attending chiropractor; date and hour of admission; chiropractor's notes and chiropractic assistant notes; progress notes; temperature chart including pulse and respiration; final analysis; spinal condition on discharge.

801.5 Orders for Services, Adjustments:

All adjustment records shall contain the orders for services and adjustments performed by the licensed chiropractor written in ink and signed by the attending chiropractor or, if given verbally, undersigned by him upon his next visit to the facility.

801.6 Storage and Microfilming:

A. Provision shall be made by the chiropractic facility for the storage of adjustment records in an environment which will prevent unauthorized access and deterioration. The records shall be treated as confidential and shall not be disposed of under 10 years. Records may be destroyed after 10 years provided that:

(1) Records of minors must be retained until after the expiration of the period of election following achievement of majority as prescribed by statute.

(2) The chiropractic facility retains an index, register, or summary cards providing such basic information as dates of admission and discharge, name of responsible chiropractor and record of analysis and adjustment for all records so destroyed.

B. Facilities that microfilm before 10 years have expired must film the entire record.

C. In the event of change of ownership, all adjustment records shall be transferred to the new owners.

D. Prior to the closing of a facility for any reason, the facility shall arrange for preservation of records to insure compliance with these regulations. The facility shall notify the Department, in writing, describing these arrangements.

CHAPTER 9 - FOOD SERVICE

Section 901. Approval:

The kitchen and/or other food preparation centers must be inspected and approved by the South Carolina Department of Health and Environmental Control pursuant to "Rules and Regulations Governing Food Service Establishments."

Section 901. Services:

All facilities shall provide dietary services to meet the daily dietary needs of patients in accordance with written dietary policies and procedures.

Section 903. Supervision:

The dietary services shall be under the direction of a dietitian or food service supervisor who had a written agreement for consultation services by a dietitian. These services shall be organized with established lines of accountability and clearly defined job assignments.

Section 904. Personnel:

A. Persons engaged in the preparation and serving of food shall meet all requirements of the Department regarding food service personnel and shall be trained to perform assigned duties.

B. Trained personnel shall be provided to plan, prepare and serve the proper diets to patients.

C. The food service supervisor shall be responsible for supervising food service personnel, the preparation and serving of food, and the maintenance of proper records. When the food service supervisor is not on duty, a responsible person shall be assigned to assume his job functions.

D. Work assignments and duty schedules shall be posted and kept current.

E. No person, infected with or a carrier of a communicable disease, or while having boils, open or infected skin lesions, or an acute respiratory infection, shall work in any area of food preparation and service.

F. Employees shall wear clean garments, maintain a high degree of personal cleanliness, wear proper hair restraints, and conform to hygienic practices while on duty. They shall wash their hands thoroughly in an approved handwashing lavatory before starting work, and as often as necessary to remove soil and contamination. No employee shall resume work after visiting the toilet room without first washing his hands.

Section 905. Diets:

Diets shall be prepared in conformance with orders. A current diet manual shall be readily available to dietary service personnel.

Section 906. Planning of Menus and Food Supplies:

A. Menus shall be planned and written at least two weeks in advance and dated as served. The current week's menus, including routine and special diets and any substitutions or changes made, shall be posted in one or more conspicuous places in the dietary department.

B. Records of menus as served shall be filed and maintained for at least 30 days.

C. Food shall be maintained at safe temperatures (cold foods 45° F. or below, hot foods 140° F. or above).

D. Records of food and supplies purchased shall be kept on file.

Section 907. Preparation and Serving of Food:

A. Food shall be prepared by methods that conserve the nutritive value, flavor and appearance. The food shall be palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the patients.

B. A file of tested recipes, adjusted to appropriate yield, shall correspond to items on the posted menus.

C. Food shall be cut, chopped, ground or blended to meet individual needs.

D. Dietary employees will have the responsibility of accompanying the food cart to the floor, and when necessary to complete tray assembly. Dietary employees, excluding supervisory personnel, must be restricted from entering patients' rooms. Assistants to the chiropractor will be responsible for the distribution of trays, feeding of patients and collection of soiled trays.

Section 908. Dietary and Food Sanitation:

A. Sanitary conditions shall be maintained in all aspects of the storage, preparation and distribution of food.

B. The following areas of responsibility shall be in compliance with local health codes and the "Rules and Regulations Governing Food Service Establishments in South Carolina":

- Utensils

- Equipment

- Methods of cleaning and sanitizing

- Storage of equipment or food

- The habits and procedures of food handlers

- Rubbish and waste disposal

- Toilets and other aspects of maintaining health, sanitary and safe conditions relative to food storage

- Preparation and distribution

C. Effective written procedures for cleaning, disinfecting and sanitizing all equipment and work areas shall be developed and followed consistently so that all equipment including pots and pans, are clean and sanitary.

D. Written reports of inspections by state and local health authorities shall be kept on file in the facility with notations made of actions taken by the facility to comply with any recommendations.

E. All walk-in refrigerators must be equipped with opening devices which will permit opening of the door from the inside at all times.

Section 909. Meal Service:

A minimum of three nutritionally adequate meals in each 24-hour period shall be provided for each patient. Not more than 15 hours shall elapse between servings of the evening meal and breakfast.

Section 910. Refrigeration and Ice:

At least one functional refrigerator shall be provided on each patient floor. Ample supplies of ice that will meet the approval of the Department shall be served, and precautions shall be maintained to prevent contamination of the ice supply. Ice delivered to patient areas in bulk shall be in nonporous, easily cleanable covered containers. The ice scoop shall be stored in a sanitary manner with the contaminated handle at no time coming in contact with the ice .

CHAPTER 10 - RADIOLOGY

Section 1001. Radiology:

1001.1 Organization:

The department shall have a qualified licensed chiropractor in charge. The x-ray personnel shall be qualified by formal education, training and experience for the type of service rendered.

1001.2 Procedures:

A written and signed report on each x-ray shall be made a part of the patient's record and a duplicate copy of the report shall be kept on file in the x-ray department. Request for x-ray examination shall contain a concise statement of reason for the examination.

1001.3 Filing of X-ray Film:

The length of time that x-ray film shall be kept on file shall be determined by the chiropractic facility. For its own protection, every chiropractic facility should consult with its legal counsel before selling or disposing of film.

1001.4 Protection:

Patients and employees shall be provided protection from radiation in accordance with current practices outlined by the Department.

CHAPTER 11 - CENTRAL STERILE SUPPLY

Section 1101. Controls:

A method of checking sterilizer performance shall be used, such as, the use of a fusing control in the largest package of each load, or the bacteriological examination, at monthly intervals of sterilized dressings. All sterilization of supplies and equipment in a chiropractic facility shall be under the supervision of a qualified person.

Section 1102. Segregation of Supplies and Equipment:

Precautions shall be taken so that sterile and unsterile supplies and equipment are separated.

Section 1103. Storage:

Cabinets, cupboards or other suitable enclosed space shall be provided for keeping equipment and supplies in a clean, convenient and order manner.

Section 1104. Containers:

All containers requiring sterilization shall be plainly labeled so as to remain legible before and after sterilization.

CHAPTER 12 - GENERAL

Section 1201. General:

Conditions which have not been covered in these regulations shall be handled in accordance with the best practices as interpreted by the Department.

PART II

PHYSICAL PLANT

CHAPTER 13 - DESIGN AND CONSTRUCTION

Section 1301. General:

Each chiropractic facility shall be planned, designed and equipped to provide adequate facilities for the rendering of chiropractic services.

Section 1302. Local and State Codes and Standards:

Facilities shall substantially comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. No facility will be licensed unless the Department has assurance that responsible local officials sanction the licensing of the facility. The Department uses as its basic codes the Standard Building Code, the Standard Plumbing Code, the Standard Mechanical Code and the National Electrical Code. Buildings designed in accordance with the above mentioned codes will be acceptable to the Department, provided, however, that the minimum requirements as set forth in these standards are met.

Section 1303. Submission of Plans and Specifications:

1303.1 New Buildings, Additions or Major Alterations to Existing Buildings:

When construction is contemplated either for new buildings, additions or major alterations to existing buildings, plans and specifications shall be submitted in duplicate to the Department for review. Such plans and specifications shall be prepared by an architect and/or engineer registered in the State of South Carolina and shall bear their seals. These submissions should be made in at least two stages: preliminary and final. All plans shall be drawn to scale with the title and date shown thereon. Any construction changes from the approved documents shall have approval from the Department. During construction the owner shall employ a registered architect and/or engineer for supervision and inspections.

A. Preliminary submission should include the following:

1. Plot plan showing size and shape of entire site; orientation and location of proposed building; location and description of any existing structures, adjacent streets, highways, sidewalks, railroads, etc., properly designated; size, characteristics and location of all existing public utilities including information concerning water supply necessary for fire protection.

2. Floor plan showing overall dimensions of buildings; locations, size and purpose of all rooms; location and size of all doors, windows and other openings with swing of doors properly indicated; location(s) of smoke partitions and firewalls; locations of stairs, elevators, dumbwaiters, vertical shafts and chimneys.

3. Outline specifications listing a general description of construction including interior finishes and mechanical systems.

B. Final submission shall include the following:

Complete working drawings and contract specifications, including layouts for plumbing, air conditioning, ventilation, electrical and fire protection.

C. In construction delayed for a period exceeding 12 months from the time of approval of final submission, a new evaluation and/or approval is required.

D. One complete set of "As Built" plans shall be furnished the Department.

1003.2 Alterations in Licensed Chiropractic Facilities:

When alterations are contemplated that may affect life safety, preliminary drawings and specifications accompanied by a narrative completely describing the proposed work shall be submitted to the Department for review and approval to insure that the proposed alterations comply with current safety and building standards.

Section 1304. Location:

1304.1 Environment:

Chiropractic facilities shall be located in an environment that is conducive to the type of care and services provided.

1304.2 Transportation:

Chiropractic facilities must be served by roads which are passable at all times and are adequate for the volume of expected traffic.

1304.3 Parking:

The chiropractic facility shall have parking space to satisfy the minimum needs of patients, employees, staff and visitors.

1304.4 Communications:

There must be a telephone on each floor occupied by patients and additional telephones or extensions, as required, to summon help in case of fire or other emergency. Pay station telephones are not acceptable for this purpose.

CHAPTER 14 - GENERAL CONSTRUCTION REQUIREMENTS

Section 1401. Height and Area Limitations:

General:

Construction shall not exceed the allowable heights and areas for Group I, Institutional Occupancy, as provided by the Standard Building Code.

Section 1402. Fire Resistive Rating:

General:

The fire resistive ratings for the various structural components shall comply with the Standard Building Code. Fire resistive ratings of various materials and assemblies not specifically listed in the Standard Building Code, can be found in the publication entitled, "Underwriters' Laboratories-Building Materials List".

Section 1043. Vertical Openings:

General:

A. Walls enclosing stairways, elevator shafts, chutes, discharge room for chutes and other vertical shafts shall be of at least two-hour fire resistive construction. Laundry, trash and incinerator chutes shall be equipped with an approved automatic sprinkler system.

B. Service openings to chutes, dumbwaiters, conveyors and other material handling systems shall not be located in corridors or passageways, but shall be located in a room enclosed by construction having at least a one-hour fire resistive rating. Doors to such rooms shall not be less than "C" labeled, 3/4-hour fire-rated doors. Service entrance doors to chutes and to vertical shafts containing

dumbwaiters, conveyors and material handling systems shall be not less than "B" labeled, 1/2-hour fire-rated doors, and shall be self-closing.

Section 1404. Wall and Partition Openings:

Wall and partition openings shall be protected in accordance with the provisions of the Standard Building Code.

Section 1405. Ceiling Openings:

Openings into attic areas or other concealed spaces shall be protected by material consistent with the fire rating of the building's construction.

Section 1406. Fire Walls:

An addition shall be separated from an existing building by a 2-hour rated fire wall unless the addition is of equal fire-resistive rating and provided the area limitations set forth in the Standard Building Code are not exceeded.

Section 1407. Storage Areas:

General:

A. Areas used for storage of combustible materials and storage areas of 100 square feet or greater, shall be equipped with an approved automatic sprinkler system.

B. Walls, ceilings and floor assemblies enclosing storage areas of 100 square feet or greater shall be of not less than 1-hour fire resistive construction with "C" labeled 3/4-hour rated doors and frames.

Section 1408. Alteration and Repairs:

If, within any 12-month period, alterations or repairs costing in excess of 50 percent of the then physical value (market value) of the buildings are made to an existing chiropractic facility, such building shall be made to conform with the requirements of the current edition of the Standard Building Code for construction of new facilities and to the requirements of these Standards.

Section 1409. Floor Construction:

General:

Wood joists, wood sub-floors and wood finish floors are not permitted for floor construction.

Section 1410. Carpeting:

Carpet is permitted as a floor finish only if certified by an independent testing laboratory as having a flame spread rating of not more than 75 when tested under ASTM E-84 or not less than .45 watts/sq. cm. when tested under either ASTM E-648 or NFPA No. 253. Unless the padding was tested as a part of the tested assembly, only a hair or jute pad will be acceptable.

CHAPTER 15 - HAZARDOUS ELEMENTS OF CONSTRUCTION

Section 1501. Furnaces and Boilers:

A. Central heating boilers and furnaces shall be enclosed and separated from the rest of the building by walls, partitions, floor and ceiling assemblies having at least a 2-hour fire resistive rating with "B" labeled, 1-1/2 hour fire rated door(s) and frame(s).

B. Installation of central heating boilers and furnaces shall be in accordance with applicable NFPA Standards.

C. Maintenance of heating boilers and furnaces shall be provided to insure efficient and safe operation.

Section 1502. Dampers:

Smoke and fire dampers shall be installed on all heating, cooling and ventilating systems as required by NFPA Standard 90A, "Air Conditioning and Ventilating Systems".

Section 1503. Gases:

Gases (flammable and nonflammable) shall be handled, stored and administered in accordance with the provisions of applicable NFPA Standards 56A and 56F.

Section 1504. Flammable Liquids:

Areas used for the storage of flammable liquids shall comply with NFPA No. 30, "Flammable Liquids Codes". Suitable facilities shall be provided outside the chiropractic facility building for the storage of flammable liquids such as gasolines, paints, oils, etc., unless such flammable liquids are stored in approved metal cabinets well ventilated at top and bottom or in fire resistive rooms. Alcohol shall be stored in a fire resistive room that is ventilated to the outside. Such room shall be considered as a hazardous location.

CHAPTER 16 - SCREENS

Section 1601. Screens:

Windows, doors and openings intended for ventilation shall be provided with insect screens unless the chiropractic facility is completely air conditioned and mechanically ventilated.

CHAPTER 17 - FIRE PROTECTION

Section 1701. Fire Extinguishers, Standpipes, Automatic Sprinklers:

Fire-fighting equipment such as fire extinguishers, standpipes and automatic sprinklers shall be provided as required by the Standard Building Code. Extinguishers shall be so located that a person will not have to travel more than 50 feet from any point within the chiropractic facility to reach an extinguisher. Extinguishers shall be sized, located, installed and maintained in accordance with

NFPA 10 and NFPA 10A, except that portable fire extinguishers intended for use in patient areas shall be stored-pressure type water extinguishers. At least one ABC type fire extinguisher shall be provided at each duty station. Suitable fire extinguishers shall also be installed in the following areas: kitchen, laundry, furnace rooms, and any other area having an unusual fire hazard.

EXCEPTION:

Chiropractic facilities having not more than 10 beds are not required to be equipped with an automatic sprinkler system.

Section 1702. Alarms:

A. A manual fire alarm system in accordance with provisions of "Local Protective Signaling Systems," NFPA 72-A (Latest Edition) shall be provided.

B. In addition to telephones, each chiropractic facility having more than ten (10) beds must be equipped with direct fire alarm boxes in accordance with Section 5-25-40 of the South Carolina Code of Laws of 1976.

Section 1703. Detection System:

A. An approved automatic smoke detection system shall be installed in all corridors. Such systems shall be installed in accordance with the applicable NFPA Standards, but in no case shall smoke detectors be spaced farther apart than 30 feet on centers or more than 15 feet from any wall.

B. All automatic smoke detection systems required by this Section shall be electrically interconnected to the fire alarm system as well as to all hold-open devices on smoke doors and fire doors within a fire zone.

EXCEPTION:

Where each patient sleeping room is protected by such an approved detection system and a local detection system is provided at the smoke partition, such corridor systems will not be required on the patient sleeping room floors.

CHAPTER 18 - EXITS

Section 1801. Number and Locations:

A. There shall be more than one exit leading to the outside of the chiropractic facility building from each floor.

B. Exits shall be placed so that the entrance door of every private room and semi-private room, and every point in open wards, day rooms, dormitories, dining rooms, et cetera, shall not be more than 100 feet along the line of travel from the nearest exit. In chiropractic facility buildings equipped with automatic sprinklers this distance shall not be more than 150 feet. Exits shall be remote from each other and shall be arranged so that there are no corridor pockets or dead ends of 20 feet or more in which occupants may be trapped.

C. Each patient's room shall communicate directly with an approved exit corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level in an area of safety.

Section 1802. Corridors:

1802.1 Corridor Width:

Corridors and passageways from patient occupied rooms leading to egress stairways and/or to the outside from the first story and to areas of refuge shall be a minimum of 96 inches in width.

1802.2 Corridor Height:

Corridors and passageways considered as approved means of egress shall be at least 84 inches in height.

Section 1803. Doors:

1803.1 Door Width:

All doors to patient occupied rooms and rooms that may be used by nonambulatory patients and exits shall be at least 44 inches in width.

1803.2 Door Height:

Doorways from patient occupied rooms and in egress passages to the outside of the building shall be at least 78 inches in height.

1803.3 Door Swing:

The exit doors required from each floor shall swing in the direction of egress travel. Doors, except those to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width.

1803.4 Door Locks:

If locks are used on doors to patient rooms or exits, they shall be of the type which may be opened readily from the inside without the use of a key or any special knowledge or effort.

Section 1804. Stairs:

Exit stairs shall conform to the requirements of the Standard Building Code. The floor on both sides of all required exit doors shall be at the same elevation for a distance at least equal to the width of the doors, except that where doors lead out of the building the floor level inside may be one step (7-1/2") higher than outside. The stair width shall be in accordance with the Standard Building Code.

Section 1805. Ramps:

Exterior ramps with a slope of not more than one in twelve shall be installed from the first floor to the grade to serve all portions of the building where patients are or may be placed. Exterior ramps shall not be less than four feet in width in all areas occupied by patients or serving as part of the means of egress from patient areas. Interior ramps shall be the full width of the corridor. All ramps shall be provided with approved handrails. Surface of ramps shall be of nonskid materials.

Section 1806. Smoke Barriers:

Smoke partitions having a fire resistive rating of at least one hour shall be provided to limit on any story the maximum area of each smoke compartment to no more than 22,500 square feet (either length or width shall not exceed 150 feet) and to divide every story into at least two compartments. At least 30 net square feet per occupant shall be provided on each side of the smoke partition. Smoke partitions shall be continuous from the floor slab to the underside of the floor or roof deck above, through any concealed spaces such as those above ceilings and through interstitial structural and mechanical spaces.

A. Door openings in smoke partitions shall be protected with a tight fitting smoke and draft assembly having a fire resistive rating of at least 20 minutes and shall be so labeled.

B. Doors in smoke partitions shall be self-closing and so maintained or shall be provided with approved door holding devices of the fail-safe type which will release the door(s) causing it to close when any of the following is activated:

1. Automatic sprinkler system as required by Section 1701.
2. Manual fire alarm system as required by Section 1702.
3. Smoke detection system as required by Section 1703.

C. Smoke partitions shall have openings in the corridors only. Corridor doors shall be a pair of swinging doors, each door to swing in a direction opposite from the other. The minimum width of each door shall be 44 inches. Doors in corridor openings shall have vision panels of 1/4-inch thick wire reinforced glass in steel frames not exceeding 720 square inches per door. Positive latching hardware is not required and center mullions are prohibited.

CHAPTER 19 - ENGINEERING

Section 1901. Water Supply/Hygiene:

Clean, sanitary drinking water shall be available and accessible in adequate amounts at all times.

1901.1 Design and Construction:

Before the construction, expansion or modification of a water distribution system, application shall be made to the Department for a Permit for Construction. The application shall include such engineering, chemical, physical or bacteriological data as may be required by the Department and shall be accompanied by engineering plans, drawings and specifications prepared by an engineer registered in South Carolina and shall carry

1901.2 Disinfection of Water Lines:

After construction, expansion or modification, a water system shall be disinfected in accordance with the requirements of the Department. Samples shall be taken from the water system and forwarded to an approved laboratory for bacterial analysis in accordance with the Department's regulations. The water shall not be used as a potable supply until certified as satisfactory.

1901.3 Temperature Control:

Plumbing fixtures which require hot water and which are accessible to patients shall be supplied with water which is thermostatically controlled to a temperature not exceeding 125 degrees Fahrenheit at the fixture.

1901.4 Stop Valves:

Each plumbing fixture and piece of equipment shall have stop valves to permit repairs without disrupting service to other fixtures. Each group of fixtures on a floor, each branch main, and each supply line shall be valved.

1901.5 Cross Connections:

Cross connections in plumbing between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, instrument sterilizers, autoclaves, laundry fixtures and fixtures of similar nature. Water shall be delivered at least two delivery pipe diameters above the rim or points of overflow to each fixture, equipment or service unless protected against back siphonage by approved vacuum breakers, or other approved backflow preventers. Any faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other approved backflow preventer.

Section 1902. Wastewater:

1902.1 Design and Construction:

All plans, specifications, reports and studies, for the construction, expansion or alteration of a wastewater system shall be prepared by an engineer registered in South Carolina and shall carry his official signature and seal. The design and construction of wastewater systems shall be in accordance with modern engineering practices and the rules and regulations of the Department.

1902.2 Fixtures:

A. Toilets:

Toilets shall be provided in number ample for use according to number of patients. The minimum requirement is one toilet for every four patients or fraction thereof. Approved grab bars shall be provided on at least one side of every toilet. Toilet facilities shall be provided for employees.

B. Lavatories:

Every patient's room shall have a lavatory unless there is an adjoining toilet with a lavatory. Every patient room lavatory, as well as all other lavatories used by chiropractors, chiropractors' assistants, or food handlers, shall be trimmed with valves which can be operated without the use of hands.

C. Baths:

The minimum requirement is a bathtub or shower with approved grab bars for each 8 patients or fraction thereof.

D. Sinks and Handwashing Fixtures:

A sink shall be provided at each duty station in each utility room. Separate handwashing fixtures shall be provided in the main kitchen and so located that the person in charge may supervise handwashing by food service personnel. Handwashing fixtures shall be provided in other service rooms and adjacent to or in all toilets. Handwashing fixtures shall be equipped with valves which can be operated without the use of hands.

Section 1903. Electrical Requirements:

1903.1 Installation:

A. All materials including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical equipment indicated in the specifications or shown on the plans. Materials shall be listed as complying with available standards of Underwriters' Laboratories, Inc., or other similarly established standards.

B. All electrical installations and systems shall be in accordance with the National Electrical Code and shall be tested to show that the equipment was installed and operates as planned or specified.

1903.2 Switchboards and Power Panels:

Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

1903.3 Panelboards:

Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

1903.4 Lighting:

A. All spaces occupied by people, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted.

B. Patients' rooms shall have general lighting and night lighting. A reading light shall be provided for each patient. At least one light fixture for night lighting shall be switched at the entrance of each patient room. All switches for control of lighting in patient areas shall be of the quiet operating type.

1903.5 Receptacles (Convenience Outlets):

A. Patient Room:

Each patient room shall have duplex grounding type receptacles located as follows: one on each side of the head of each bed; one for television if used; and one on another wall.

B. Corridors:

Duplex receptacles for general use shall be installed approximately 50 feet apart in all corridors and within 25 feet of the ends of corridor.

1903.6 Equipment Installation in Special Areas:

The electrical circuit(s) to fixed or portable equipment in hydrotherapy units shall be provided with 5 milliamperes ground fault interrupters.

1903.7 Signal System:

A signal system shall be provided for each patient. The system shall consist of a call button for each bed, bath, toilet and adjustment/analysis room; a light at or over each patient room door visible from the corridor; a control panel at the duty station showing room or bed number; and indicators in adjustment/ analysis rooms, staff lounges and floor kitchens. Indicators and control panels shall employ both an audible and visual signal.

1903.8 Exit Signs:

A. Required exits and ways of access thereto shall be identified by illuminated (electric) signs bearing the word "Exit" or "Fire Escape" in red letters at least six (6) inches in height, on a white background. Changes in direction of exit travel shall be suitable marked by exit signs with directional arrows.

B. Circuits:

Illuminated signs shall be on a separate circuit or circuits and be services and controlled directly from the electric panel. Exit signs shall be connected to the emergency power system.

1903.9 Emergency Electric Service:

A. To provide electricity during an interruption of the normal electric supply, an adequate emergency source shall be provided.

B. Emergency electric services shall be provided to the distribution system as follows:

1. Illumination for means of egress of duty station.

2. Patient signal system.

3. Equipment necessary for monitoring telephone service.

4. Illumination for exit signs and exit directional signs.

5. Elevator service that will reach every patient floor when patient rooms are located on other than the ground floor. Throwover facilities shall be provided to allow temporary operation of any elevator for release of persons who may be trapped between floors.

6. Fire pump.

7. Equipment for heating patient rooms, except:

a. where the design temperature is higher than 20 degrees Fahrenheit, based on the Median of Extremes as shown in the ASHRAE Handbook of Fundamentals, or

b. where the facility is served by two or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources will not likely cause an interruption of its service feeders.

8. General illumination and selected receptacles in the vicinity of the emergency source of power.

9. Alarm systems including fire alarms activated at manual stations, water flow alarm devices of sprinkler systems if electrically operated, fire and smoke detecting systems, and alarms required for nonflammable medical gas systems.

C. Details:

The emergency power lighting shall be in operation within 10 seconds after interruption of the normal electric power supply. Receptacles connected to emergency power shall be distinctively marked. On-site fuel storage shall have such capacity to sustain emergency generator operation for 24 hours. Emergency generators shall be operated at least 30 minutes, including a monthly test under "load" conditions.

Section 1904. Mechanical Requirements:

Prior to licensure of the chiropractic facility all mechanical systems shall be tested, balanced and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications.

1904.1 Thermal and Acoustical Insulation:

A. Insulation shall be provided for the following within the building:

1. Boilers, smoke breeching, and stacks.

2. Steam supply and condensate return piping.

3. Hot water piping above 180 degrees Fahrenheit and all hot water heaters, generators, and convertors.

4. Hot water piping above 125 degrees Fahrenheit which is exposed and subject to contact by occupants.

5. Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point.

6. Water supply and drainage piping on which condensation may occur.

7. Air ducts and casings with outside surface temperatures below ambient dew point.

8. Other piping, ducts, and equipment as necessary to maintain the efficiency of the system.

B. Insulation may be omitted from hot water and steam condensate piping not subject to contact by occupants when such insulation is unnecessary for preventing excessive system heat loss or excessive heat gain.

C. Insulation on cold surfaces shall include an exterior vapor barrier.

D. Insulation including finishes and adhesives on the exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of not more than 25 and a smoke developed rating of not more than 150 as determined by an independent testing laboratory in accordance with ASTM Standard E-84.

E. Linings in air ducts and equipment shall meet the Erosion Test Method described in Underwriters' Laboratories Publication No. 181. These linings, including coatings and adhesives, and insulation on exterior surfaces of pipes and ducts in building spaces used as air supply plenums and shall have a flame spread rating of not more than 25 and a smoke developed rating of not more than 50 as determined by an independent testing laboratory in accordance with ASTM Standard E-84.

1904.2 Steam and Hot Water Systems:

A. Boilers shall have the capacity, based upon the net ratings published by Hydronics Institute, to supply the normal requirements of all systems and equipment. The number and arrangements of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler(s) shall be at least 70 percent of the total required capacity, except that in areas with a design temperature of 20 degrees Fahrenheit or more, based on the Median of Extremes in the ASHRAE Handbook of Fundamentals, the remaining boiler(s) do not have to include boiler capacity for space heating.

B. Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall be connected and installed to provide normal and standby service.

C. Supply and return mains and risers of cooling, heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends.

1904.3 Heating and Ventilating Systems:

A. Temperatures and Humidities:

A minimum design temperature of 75 degrees Fahrenheit at winter design conditions shall be provided for all occupied areas.

B. Ventilation System Details:

All air-supply and air-exhaust systems shall be mechanically operated. All areas shall be provided with at least two (2) outside-air changes per hour except baths, toilets and janitor closets which shall be provided with at least ten (10) outside-air changes per hour.

1. Outdoor air intakes shall be located as far away as practical but in not case closer than 25 feet from exhaust outlets of ventilating systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six feet above ground level or if installed above the roof, three feet above roof level.

2. The ventilation systems shall be designed and balanced to provide for designed conditions.

3. The bottoms of ventilation openings shall be not less than three inches above the floor of any room.

4. Corridors shall not be used to supply air to or exhaust from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.

5. All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than 25 percent. The filter beds shall be located upstream of the air conditioning equipment unless a prefilter is employed. In this case, the prefilter shall be upstream of the equipment and the main filter bed may be located downstream.

6. All filter(s) efficiencies shall be average atmosphere dust spot efficiencies tested in accordance with ASHRAE Standard 52-68. Filter frames shall be durable and carefully dimensioned and shall provide an air-tight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage. A manometer shall be installed across each filter bed serving central air systems.

7. Air handling duct systems shall meet the requirements of NFPA Standard 90A.

8.Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA Standard 90A except that all systems, regardless of size, which serve more than one smoke or fire zone, shall be equipped with smoke detectors to shut down fans automatically as delineated in that Standard. Access for maintenance shall be provided at all dampers. Supply and exhaust ducts which pass through a required smoke barrier and through which smoke can be transferred to another area shall be provided with dampers at the barrier, controlled to close automatically to prevent flow of air or smoke in either direction when the fan, which moves the air through the duct, stops. Dampers shall be equipped with remote control reset devices except that manual reopening will be permitted if dampers are conveniently located. Return air ducts which pass through a required smoke barrier shall be provided with a damper at the barrier actuated by smoke or products of combustion (other than heat) detectors. These dampers will be operated by the detectors used to actuate door closing devices in the smoke partitions or by detectors located to sense smoke in the return air duct from the smoke zone.

9.Exhaust hoods in food preparation centers shall have an exhaust rate of not less than 50 cfm per square foot of face area. Face area is defined for this purpose as the open area from the exposed perimeter of the cooking surfaces. All hoods over cooking ranges shall be equipped with grease filters, fire extinguishing systems which automatically shut off fuel and electrical supply to the cooking equipment and heat actuated fan controls in accordance with NFPA 96A. Cleanout openings should be provided every 20 feet in horizontal exhaust duct systems serving these hoods.

10. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to 97 degrees Fahrenheit. Effective Temperature (ET*) as defined by ASHRAE Handbook of Fundamentals.

1904.4 Other Piping Systems:

A. Domestic Hot Water Systems:

1.The hot water heating equipment shall have sufficient capacity to supply water at the temperatures and amounts indicated below. Water temperatures to be taken at hot water point of use or inlet to processing equipment as follows:

	General	USE Dietary	Laundry
Gallons (per hour per bed)	6-1/2	4	4-1/2
Temperature (degrees F.)	125	180	180

2.Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times.

3.Storage tank(s) shall be fabricated of corrosion-resistant metal or lined with non-corrosive material.

B. Draining Systems:

Insofar as possible drainage piping shall not be installed within the ceiling nor installed in an exposed location in food preparation centers, food storage areas, food serving facilities, and other patient areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems.

CHAPTER 20 - FACILITIES

Section 2001. Patients' Rooms:

2001.1 Interpretation:

A patient's room shall be interpreted as an area enclosed by ceiling high walls. No rooms in basements shall be used for patients. Each patient's room shall be an outside room.

2001.2 Floor Area:

A. The following allowance of floor space is a minimum: Rooms for only one patient - 100 square feet. Rooms for two or more patients - 80 square feet per bed.

B. Beds must be placed at least three feet apart.

C. At least one private room shall be provided for purposes of isolation, incompatibility, personality conflicts, et cetera.

D. No patient's room shall contain more than four beds.

2001.3 Window Area:

Window area shall be at least one-tenth of the floor area. At least forty percent of the required window area shall be operable for ventilation without the use of tools.

2001.4 Storage Space:

There shall be storage space for clothing, toilet articles and personal belongings of patients.

2001.5 Floor, Wall and Ceiling Materials:

All walls, floors, and ceilings shall be constructed of, and the exposed surfaces finished with, materials that will permit frequent cleaning and disinfecting.

2001.6 Patient Room Location:

No patient's room shall be located more than 120 feet from the duty station.

2001.7 Cubicle Curtains:

There shall be cubicle curtains with built-in curtain tracks in all multiple beds rooms which will shield each patient completely. Curtains will be flameproof.

Section 2002. Duty Station:

2002.1 A duty station shall be provided. There shall be at, or close by, each duty station a cabinet, work space, and a sink, a telephone, a bulletin board, a refrigerator and space for keeping patients' charts and for the writing of records and charts. A toilet with handwashing lavatory shall be provided nearby.

2002.2 Number of Beds:

A duty station shall serve not more than 40 beds.

Section 2003. Clean Utility Room:

At least one clean utility room per duty station shall be provided containing a counter with handwashing sink and space for the storage and assembly of supplies for patient care procedures.

Section 2004. Storage:

A. Each patient floor shall contain separate spaces for the storage of clean linen, wheel chairs and general supplies and equipment.

B. At least 10 square feet per bed for general storage shall be provided.

Section 2005. Food Service:

Food preparation centers shall meet at least the minimum requirements of the Department's "Rules and Regulations Governing Food Service Establishments."

Section 2006. Laundry:

2006.1 Chiropractic facilities operating laundries shall provide insulation and ventilation to prevent transmission of noise, heat, steam and odors to patient areas.

2006.2 If a laundry is not provided in the chiropractic facility, a soiled linen storage room shall be provided. The soiled linen storage room shall be designed, enclosed and used solely for that purpose and provided with mechanical exhaust ventilation direct to the outside. The soiled linen storage room shall be of 1-hour fire resistive construction with "C" labeled, 3/4-hour fire resistive door and have an automatic sprinkler system.

Section 2007. Janitor's Closet:

A janitor's closet shall be provided for each patient floor and main food preparation center. Each closet shall be equipped with a mop sink or receptor and space for the storage of supplies and equipment.

Section 2008. Elevators:

2008.1 When Required:

All buildings having patients' facilities (such as bedrooms, dining rooms, or recreation areas) located on other than the main entrance floor shall have electric or electrohydraulic elevators.

2008.2 Number of Elevators:

A. At least one hospital-type elevator shall be installed where 1 to 59 patient beds are located on any floor other than the main entrance.

B. At least two (one of which shall be hospital-type) shall be installed where 60 to 200 patients beds are located on floors other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds. (Elevator service may be reduced for those floors which provide only partial inpatient services.)

C. For facilities with more than 200 patient beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

2008.3 Cabs:

Cabs of hospital-type elevators shall have inside dimensions that will accommodate a patient bed and attendants, and shall be at least 5 feet wide by 7' 6" deep. The cab door shall have a clear opening of not less than 3' 8".

2008.4 Leveling:

Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of 1/2 inch.

2008.5 Operation

Elevators, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

2008.6 Controls:

Elevator controls, alarm buttons, and telephones shall be accessible to wheelchair occupants.

2008.7 Life Safety:

Elevator call buttons, control and door safety stops shall be of a type that will not be activated by heat or smoke.

2008.8 Field Inspection and Tests:

Inspections and tests shall be made and the owner shall be furnished written certification that the installation meets the requirements set forth in this section and all applicable safety regulations and codes.

2008.9 Inspections:

All elevators shall be inspected at least once each year by a recognized and responsible elevator engineer and certified to be safe. A copy of his report shall be sent to this Department.

CHAPTER 21 - MAINTENANCE

Section 2101. Maintenance:

An institutional structure, its component parts, facilities and all equipment, such as sterilizers, elevators, furnaces, call systems, emergency lights, et cetera, shall be kept in good repair and operating condition.

CHAPTER 22 - GENERAL

Section 2201. General:

Conditions arising which have not been covered in these regulations shall be handled in accordance with the best practices as interpreted by the Department.

Appendix A

Prerequisites for Initial Licensure

Prior to admission of patients to, and issuance of a license for new facilities or additional or replacement beds, the following actions must be accomplished:

1. The facility must be issued a Certificate of Need in accordance with DHEC Regulation 61-15.
2. Plans and construction must be approved by the Bureau of Health Facilities Engineering, DHEC.
3. The facility shall submit a completed Application for License on forms which shall be furnished by the Division of Health Licensing. The following documents shall be submitted with the application, or shall be available at the time of the licensing inspection:
 - (1) Satisfactory laboratory reports of water samples taken after disinfection of the water lines.
 - (2) Final construction approval (by DHEC Bureau of Wastewater and Stream Quality Control) of the water distribution system.
 - (3) Approval (by DHEC Bureau of Wastewater and Stream Quality Control) of wastewater disposal systems.
 - (4) Approval of appropriate building official stating that all applicable local codes and ordinances have been complied with.
 - (5) (a) If the facility is located within town or city limits, approval by the local fire chief stating that all applicable requirements have been met, or
(b) If the facility is located outside town or city limits, a written agreement with the nearest fire department that will provide protection and respond in case of fire at the facility.
 - (6) Certification and laboratory test reports, provided by the manufacturer or supplier, that all carpeting purchased by the facility have been tested under
 - (a) ASTM E-84 and has a flame spread rating of not more than 75, or
 - (b) ASTM E-648 or NFPA No. 253 with a rating of not less than .45/watts/sq. cm.
 - (7) Certification by the contractor that only the carpeting described in (6) above was installed in the facility.
 - (8) Certification by the manufacturer or supplier that all drapes and cubicle curtains purchased by the facility are flame or fire resistant or retardant.
 - (9) Certification by the owner or contractor that only materials described in (8) above were installed.

(10) Certification by the manufacturer or supplier that all wall covering materials purchased by the facility are fire or flames resistant or retardant.

(11) Certification by the contractor that only the materials described in (10) above were installed.

(12) Certification by the contractor that the automatic sprinkler system has been completed and tested in accordance with NFPA No. 13.

(13) For corporation-owned facilities, a list of all officers and their corporate titles.

4. The Division of Health Licensing shall inspect the facility and require compliance with these regulations.

5. The facility must pay the required licensing fee.

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